

# REQUEST FOR CASE RECORD/DOCUMENTS

***SUBMIT IN DUPLICATE: ONE COPY WILL BE RETURNED TO YOU.***

DATE

STATE CASE NO.

TO:

FROM:

NAME OF CHILD

DOB

NAME OF PETITIONERS

Cross Reference to:

STATE CASE NO.

CASE NAME

Please Specify (by state form number) which documents are needed:

## CASE RECORD/DOCUMENTS NEEDED FOR:

- ☐ Adoption Assistance Program (AAP)
- ☐ Adoptive parents are adopting again
- ☐ Other (Explain)

## WE ARE UNABLE TO COMPLY WITH YOUR REQUEST FOR THE REASON CHECKED BELOW

- ☐ We have no record in our files.
- ☐ This is an Agency Relinquishment Adoption. We are forwarding your request to correct agency.
- ☐ We are unable to identify the case because of incomplete or incorrect information. If you have additional or different information, contact us again.
- ☐ This is a closed case and the request for service can more appropriately be answered from this office.

CASE MATERIAL SENT TO

BY

DATE